

\$2024 Health Care Plan Changes Only

OPEN ENROLLMENT FOR THE 2024 CALENDAR YEAR HEALTH CARE PLAN COVERAGE IS UNDERWAY.

Change forms: MUST BE RETURNED NO LATER THAN DECEMBER 4, 2023

- 2024 Health Care Selection / Change Form included in packet.
 - Employees who wish to change their health care coverage for 2024 must complete a change form.
 - Employees who wish to cover their spouse and their spouse's employment health care options/status has changed must complete a change form to review eligibility.
- 2024 Flexible Spending Account enrollment form. Flex Spending is administered by Health Equity.

2024 Health Care Plan Premiums for HSA Plan:

- The premiums below are based on an 85% / 15% split in the cost of coverage between the City and the employee with a maximum of **\$200.00** per month employee share for single coverage and **\$325.00** per month employee share for family coverage.

2023 Employee Premium		
	Per Month	Per Pay
Single	\$ 119.60	\$59.80
Family	\$325	\$162.50

Background:

- The City of Maumee has maintained a self-funded health insurance program since 1990, which has enabled the City to offer benefits at a lower cost.
- In a self-funded health insurance program, premium costs – shared by the employer and employee – cover the cost of insurance, reinsurance, and claims.
- Mutual Health Services (MHS), a subsidiary of Medical Mutual of Ohio, will continue to process your claims and medical service payments.

Outline of the City of Maumee 2024 Health Care Plan

Listed below is some very important information for you to review and keep for future reference.

Full-time Employee Opt Out Program:

Who is eligible:

- Employees eligible for family coverage with other employer offered health insurance available to them (through a spouse) and opts out of City plan.
- Employee and/or spouse currently eligible for Medicare.
- An employee who is eligible for family coverage opts for single coverage.
- Employee eligible for single coverage who has other health insurance available to them.
- To be eligible to receive the opt-out, you must sign an affidavit stating that you and/or your family have coverage elsewhere.

What is offered:

- An employee who takes single coverage but is eligible for family coverage will receive **\$187.50** per month (**\$2,250** per year).
- An Employee eligible for family coverage but waived all coverage will receive **\$450** per month (**\$5,400** per year).
- An Employee eligible for single coverage but waived coverage will receive **\$187.50** per month (**\$2,250** per year).

When do employees receive payment:

- Payment will be made once per month through payroll.
- Note: Employees who opt-out cannot enroll in the City plan until open enrollment for the 2024 plan year or must have a qualifying event in order to enroll in the City plan any time throughout 2024.

High Deductible Health Plan / Health Savings Account (HSA)

- Claims are processed by Mutual Health Services (Medical Mutual of Ohio).
- Deductible: **\$3,200** single/**\$6,400** family. ***New for 2024***
- Claims paid at 100% after deductible is met. Deductible includes medical claims and prescriptions.
- Wellcare continues to be covered at 100%.
- City of Maumee will deposit \$125 single/\$250 family into the employees HSA account each month starting in January 2024.
- Maximum total HSA contributions of \$4,150 single coverage and \$8,300 family coverage are set by the IRS.

- Employees who are 55 & over are allowed by the IRS to contribute an extra \$1,000 to their annual maximum amount. HSA balance carries over year to year and stays with employee when employment ends. The HSA account belongs to the employee.

Dental Coverage – No changes for 2024

Administered through Mutual Health Services.

- Plan will pay “usual, customary, and reasonable (URC)” costs to provider, with the patient responsible for any amount over URC.
- DenteMax Dental PPO network. You **DO NOT** need to change your dentist. If your dentist is in the DenteMax Dental network let them know that your dental plan uses the DenteMax network. You can check to see if your dentist is on the plan by going to www.dentemax.com.
- Maximum dental benefit \$1,500 per person per year.
- Class A / Preventative (such as routine exams and x-rays): No deductible, covered 100%
- Class B / Basic (such as filling and root canals): \$50/person annual deductible, then covered 80%
- Class C / Major (such as crowns and bridges): \$50/person annual deductible, then covered 50%
- Orthodontia: No deductible, covered 60% up to \$1,500 lifetime maximum/eligible dependent to age 19

Vision Coverage – No changes for 2024

VSP (Vision Service Plan)

Website: www.vsp.com

- Well Vision Exam: Once per year beginning in January.
- Well vision exam, prescription lenses, and frames subject to a \$25/person annual deductible.
- Prescription Lenses: New lenses once per year. Covers single vision, lined bifocal, lined trifocal, tinted, and photochromic lenses at no extra cost.
- Frames: New frames once per year. \$130 allowance plus 20% discount over allowance.
- Contact Lens (in lieu of glasses): New contacts once per year. \$130 allowance for contact lens exam and contacts, including a 15% discount on the contact lens exam.

Prescription Drug Program National Script

- Customer Service: 1-855-628-2100
- Website: www.nationalscript.com

Home delivery for maintenance medications is available but not mandatory through NoviXus Pharmacy Services.

- Customer Service: 1-877-668-4987
- Website: www.novixus.com

Telemedicine / Teladoc:

- This service is **at no cost to the employee & dependents if applicable**.
- Provides direct access via phone 24/7/365 to a national network of board-certified primary care physicians.
- Approximately 70-75% of what primary care physicians treat can be handled telephonically. **This is not a replacement for your primary care physician but rather a service to contact for non-emergency medical care when your primary care physician is not available.**
- Use this service: (1) outside normal hours of operation for your primary care physician, (2) for second opinions, (3) for short term refill of a recurring prescription (non-DEA only), and (4) when on vacation or a business trip.
- Common issues treated include, but are not limited to: respiratory infections, sinus, allergies, urinary tract infection, bronchitis, gastroenteritis, arthritic pain, pink eye, poison ivy, and other minor ailments.
- Medical Health Disclosure(s) should be completed for all covered members in advance to avoid delay when the service is needed.
- Primary Member Activation: Go to www.TelaDoc.com/Activate or call 1-800-TelaDoc (835-2362).

TelaDoc Pediatric Network:

- This service is **at no cost to the employee & dependents if applicable**.
- The TelaDoc pediatric network of board-certified state licensed pediatricians, primary care and urgent care physicians will provide cross coverage consultations on non-emergency cases for your dependents younger than 18 years of age when your physician is not available.
- A pediatric medical history disclosure (MHD) form must be completed for all children less than 7 years of age.